U.S. Decartment of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 102 73

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

DULUTH

KICHARO W. BERG

5880 Homestead Ro.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING "HIS REPORT.

2. Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

P.O. Box, Building and Room Number, if any

City HERMANTOWN

1/1/04 Through: 12/31/04

Name NORTH CENTRAL CARPENTERS TRAINING

Street 5238 MILLER TRUNK HLUY,

003419

State MN	ZIP Code + 4 55864	State M N	ZIP Code + 4 558 //
5. Position in labor organization	n. TRAINING COOR	DINATOR	
Enter appropriate data be	low If, during the past fiscal year, you or your (except as specified in the	spouse or minor child directly or indirect exclusions set forth in the instructions):	tly had any of the following interests
A. Held an interest in, enga monetary value from an er	ged in transactions (including loans) with nployer whose employees your organi	, or derived income or other economi ization represents or is active y seel	ic benefit of king to represent.
6. Name and address of Empl	oyer (including trade name, if any).	7.a. Nature of Interest, Trar saction	n, or Income.
Name $N.A.$			
Trade Name, if any:			
P.O. Box, Bldg., Room No.,	if any		
		7.b. Amount.	
Street			
City			
State	ZIP Code + 4		
		Signature	
submitted in this report (incl	tion. The undersigned declares, under penal uding the information conta ned in any accom nd belief, true, correct, and complete. (See the	panying documents), has been examined	by the signatory and is, to the best of the
Signed Licha	I Berg	On 8-3-05	218) 724- 6573 Telephone Number
Form I M 20 (2002)			<u></u>

Name of Person Filing RICHARD W. BERG	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name NORTH CENTRAL CARPENTERS TRAINING FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5238 MILLER TRUNK HWY. City HERMANTOWN State MN ZIP Code +4 55811	9. Business deals with: a. Vabor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing. WAGES PAID 2004
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 68, 387, 44 + 12, 26 12.a. Nature of interest help or income received. PER HR FRINGES
C. Pagaivad from any amployer (other than an amployer covered und	er narts A and R ahove)

or from any labor relations consultant to		,	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).			14.a. Nature of payment.
Name \mathcal{N} , $\hat{\mathcal{A}}$			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.

Name of Person Filing RICHARD W. BERG	File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, salling or leasing to, or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organication.	erwise dealing with the business dively seeking to represent, or adirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name NORTH CENTRAL CARPENTERS TRAINING FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5238 MILLER TRUNK HWY. City HERMANTOWN ZIP Code +4 55811	9. Business deals with: (a. Dabor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. REIMBURSED MILEAGE
Street	11.b. Approximate dollar value of such dealing. 241.56
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	der parts A and B above) by or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name N. A	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	

?

or Consultant

13.b. Is the Business an Employer

Name of Person Filing RICHARD W. BERG		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or se ling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name North Central Carpenters Training Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5238 MILLER TRUNK HWY. City HERMANTOWN State WIN ZIP Code +4 55811	9. Business deals with: a. Jabor Organiza b. Trust c. Employer	tion		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such deal LEADERSHIP CA 3/64	ng. LODGING FOR CARPENTERS CONFERENCE - PALM SPRINGS		
Street	11.b. Approximate dollar valu	se of such dealing. 949, 45		
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered undoor from any labor relations consultant to an employer any payment of money	er parts A and B above)			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				

ZIP Code + 4

or Consultant

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13.b. Is the Business an Employer

Name of Person Filing RICHARD W. BERG	F	ile Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name NORTH CENTRAL CARPENTERS TRAINING FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5238 MILLER TRUNK HWY. City HERMANTOWN State MN ZIP Code + 4 55811	9. Business deals with: a Vabor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. HOTEL & MEAKS FOR SCAFFOLD REFRESHER CLASS IN BEMIOJI MN 4-04			
Street	11.b. Approximate dollar value of such dealing. 207, 36			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4		•		
	12.b. Amount,			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name N. A			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

Name of Person Filing RICHARD W. BERG	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values and substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or idealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name NORTH CENTRAL CARPENTERS TRAINING FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5238 MILLER TRUNK HWY. City HERMANTOWN State MN ZIP Code +4 55811	9. Business deals with: a. Pabor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. REIMBURSED MILEAGE 4/04
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 365, 99 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered un- or from any labor relations consultant to an employer any payment of mone	ider parts A and B above) ey or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.
P.O. Box, Bldg., Room No., if any	

ZIP Code + 4

or Consultant

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13.b. Is the Business an Employer

Street

City

Name of Person Filing RICHARD W. BERG	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (Including trade name, if any). Name NORTH CENTRAL CARPENTERS TRAINING FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5238 MILLER TRUNK HWY. City HERMANTOWN State MN ZIP Code +4 55811	9. Business deals with: a. Pabor Organization b. Trust c. Employe:			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. MEAL REIMBURSEMENT FOR 32 HR SCAFFOLD CLASS DULUTH, MN 5-04			
Street	11.b. Approximate dollar value of such dealing. 48.34			
City				
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.			
P.O. Box, Bldg., Room No., if any				

13.b. Is the Business an Employer

ZIP Code ~ 4

or Consultant

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Street

City

Name of Person Filing RICHARD W. BERG		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name NORTH CENTRAL CARPENTERS TRAINING FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5238 MILLER TRUNK HWY. City HERMANTOWN State MN ZIP Code + 4 55811	9. Business deals with: a. Jabor Organiza b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. LODGING FOR ACCOUSTICAL CEILING CLASS IN FARGO, N.O. 5-04			
Street	11.b. Approximate dollar va	ue of such dealing. 74, 75		
City	12.a. Nature of interest hel	d or income received.		
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name W, H Trade Name, if any:	14.a. Nature of payment.			
P.O. Box, Bldg., Room No., if any				

13.b. Is the Business an Employer

ZIP Cade + 4

or Consultant

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Street

City

Name of Person Filing RICHARD W. BERG	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) ε substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name NORTH CENTRAL CARPENTERS TRAINING FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5238 MILLER TRUNK HUY. City HERMANTOWN State MN ZIP Code + 4 55811	9. Business deals with: a. Jabor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. REIMBURSED MILEAGE 7-04			
Street	11.b. Approximate dollar value of such dealing. \$357.76			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name N. A				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				

ZIP Code + 4

or Consultant

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13.b. Is the Business an Employer

Street

City

	Name of Person Filing RICHARD W. BERG		File Number U-		
8	B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or incleasing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	s		
	3. Name and address of Business (including trade name, if any). Name North Central Carpenters Training Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5238 MILLER TRUNK HUT. City HERMANTOWN State MN ZIP Code + 4 55811	9. Business deals with: (a. Labor Organiza b. Trust c. Employer	ation		
	10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing REFRESHER (1), 8 - 64 11.b. Approximate dollar value of interest Feb			
		12.b. Amount.			
	C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
	13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.			
-	Street	}			

ZIP Code - 4

or Consultant

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13.b. Is the Business an Employer

City

Name of Person Filing RICHARD W. BERG		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, cr lirectly to, or otherwise	;			
8. Name and address of Business (including trade name, if any). Name NORTH CENTRAL CARPENTERS TRAINING FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5238 MILLER TRUNK HWY. City HERMANTOWN	9. Business deals with: a. Vabor Organization b. Trust c. Employer				
State MN ZIP Code +4 558/1					
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing CLASS TAUGHT	NO. LODGING/MEALS ICF IN FARGO, N.D			
Street	11.b. Approximate dollar va.ue	e of such dealing. 243,56			
City	12.a. Nature of interest held				
State ZIP Code + 4					
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				

<u> </u>		 44 - 114 - 4
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name \mathcal{N} , \mathcal{A}		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

Name of Person Filing RICHARD W. BERG	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines ctively seeking to represent, or ndirectly to, or otherwise	s		
8. Name and address of Business (including trade name, if any). Name NORTH CENTRAL CARPENTERS TRAINING FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5238 MILLER TRUNK HWY. City HERMANTOWN State MN ZIP Code + 4 55811	9. Business deals with: a. Dabor Organiza b. Trust c. Employer	ation		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	11.a. Nature of such deali	ing. REIMBURSED MILEAGE		
Street	11.b. Approximate dollar va	ue of such dealing. #367, 88		
City	12.a. Nature of interest hel			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered unor from any labor relations consultant to an employer any payment of mone	der parts A and B above) ey or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name W, H Trade Name, if any:	14.a. Nature of payment.			
P.O. Box, Bldg., Room No., if any				
Street				

ZIP Code + 4

or Consultant

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13.b. Is the Business an Employer

City

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a
substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business
of an employer whose employees your labor organization represents or is actively seeking to represent, or
(2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise
dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and	address	of Business	(including	trade	name,	if any).

Name NORTH CENTRAL CARPENTERS TRAINING

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 5238 MILLER TRUNK HWY

City HERMANTOWN

State MN

ZIP Code + 4 55811

9. Business deals with:

a. Jabor Organ zation

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing. CONFERENCE FEE FOR
INTERIOR SYSTEMS CONFERENCE PARM
SPRINGS, CA
12-04

11.b. Approximate dollar value of such dealing. \$175.00

12.a. Nature of interest hald or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). MAName Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 State 14.b. Amount of payment. ? or Consultant 13.b. Is the Business an Employer

DISCLAIMER EXAMPLE

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Signature

Date